

**CONSENT TO RELEASE OF PERSONAL INFORMATION
ARIZONA FAMILY LITERACY PROGRAM 2003-2004**

My name is _____.

My child(ren), _____ and I are participating in the Arizona Family Literacy Program.

I understand that The Early Childhood Education and Adult Education Divisions, will be collecting information regarding my Family Literacy Program. To study the program, personal and academic information about my child and me are needed. This information includes the following:

1. My social security number.
2. My child(ren)'s social security number.
3. My address and the address of my child(ren), if it is different.
4. My child(ren)'s birth date and gender.
5. My birth date and gender.
6. Our ethnicity and primary language.
7. All school records for my child(ren) for all grades, including skills progress, achievement test scores, if my child is identified for special education and date of placement, absences, teachers' names, and whether my child is enrolled in a bilingual or ESOL program.
8. My education records including GED test results, English Language test results, college placement tests, and my plans for education and employment after the Family Literacy Project.
9. Photos and videos taken during the time of the program.

This information may be shared with the school district, the Arizona Department of Education and the United States Department of Education. Under all circumstances it will be kept confidential. When the information is no longer needed for the study, it will be destroyed.

I hereby consent to the release of the information described above to the Early Childhood Education and Adult Education Divisions of the Arizona Department of Education.

Signature

Date